

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	1					
2		1				
3	1					
4						
5	2					
6	2					
7	2					
8	2					
9	1					
10	1					
11	1					
12	2					
13	2					
14	2					
15	1					
16	1					
17	2					
18	1					
19						
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46						
47						
48						
49						
50						
TOTAL IND.	1					
TOTAL DEP.	25	↔	25	↔	25	↔
TOTAL CLAIMS	26	██████████	██████████	██████████	██████████	██████████

	IND	DEP	IND	DEP	IND	DEP
51						
52						
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100						
TOTAL IND.						
TOTAL DEP.		↔		↔		↔
TOTAL CLAIMS		██████████	██████████	██████████	██████████	██████████